



Pediatric Inpatient Readmissions in an Accountable Care Organization

Eric W. Christensen, PhD¹, and Nathaniel R. Payne, MD^{1,2}

Objective To assess the association between the length of consistent primary care as part of an accountable care organization (attribution length) and population-level and same-hospital readmissions. Readmission studies are generally focused on same-hospital readmissions rather than readmissions to any hospital (population-level readmissions).

Study design A retrospective study of Medicaid claims data for 28 794 unique pediatric patients attributed to a single children's hospital between September 2013 and May 2015. Study used logistic regression to estimate the impact of attribution length on readmissions and a zero-inflated Poisson model to assess the impact of attribution length on readmission cost and readmission days.

Results The study showed attribution length was associated with a significant reduction in the population-level 30-day readmission rate from 8.9%-6.2% ($P = .010$) primarily by reducing readmissions that occurred at hospitals other than the discharging hospital. There was no significant reduction in the same-hospital readmission rate. Re-admissions to a different hospital occurred in 37% of readmissions. Although not significant at the $P = .05$ level, attribution length was associated with a 44% reduction ($P = .100$) in 30-day readmission costs or a 5.0% reduction in the cost of an inpatient episode of care and a 53% reduction ($P = .019$) in readmission days.

Conclusions Consistent primary care (attribution length) may be able to reduce 30-day, pediatric Medicaid patients' readmissions at the population level. The decrease occurred primarily in readmissions to hospitals other than the discharging hospital. There was no decrease in the rate of same-hospital readmissions. (*J Pediatr* 2016;170:113-9).

See editorial, p 14

Adult hospital readmissions have received attention as a quality metric and potential source for cost savings.^{1,2} The 30-day readmission rate for Medicare patients ranges from 18%-30% depending on the condition studied.^{3,4} Pediatric readmissions have also been proposed as a quality metric, although they are less common and perhaps harder to reduce than adult readmissions.⁵⁻⁷ The 30-day readmission rate for pediatric patients ranges from 3%-13% depending on the condition studied,^{5,8-12} and the all-cause readmission rate ranges from 6%-13%.^{11,13,14} Studies estimated that 21%-25% of pediatric readmissions were planned,^{15,16} which is substantially higher than with adult readmissions (8%-10%).^{3,17} Estimates of nonpreventable pediatric readmissions range from 57%-61% of all readmissions,^{13,15} therefore, reducing readmissions may be more challenging with pediatric than with adult patients.

Studies show substantial variation in adult hospitals' readmission rates, which may signal quality issues.³ To address this, the Center for Medicare and Medicaid Services now levies financial penalties for "excessive" readmissions for Medicare patients for selected conditions.¹⁸ These penalties were common as 67% of hospitals received payment cuts in the first year.¹⁹ Estimates for 2014-2015 are that 80% of hospitals will be penalized, and hospitals treating a larger proportion of vulnerable patients are more likely to be penalized than other hospitals.²⁰ Similarly, Texas and Illinois measure and report pediatric readmission rates, and penalize hospitals with excessive readmission rates among Medicaid patients.⁴

There are few evidence-based interventions proven to reduce pediatric readmissions. However, improving the transition from hospital to home might be effective, as has been demonstrated in adults.²¹⁻²³ Accountable care organizations (ACOs) take responsibility for both inpatient and outpatient care and have financial incentives for both quality and cost. Because of ACOs' financial incentives and scope of responsibility, they may have an opportunity to reduce readmissions by coordinating outpatient and inpatient care through consistent primary care.

Although there have been numerous studies of pediatric readmissions, there is little information about the impact of consistent primary care in an ACO (attribution length) on pediatric readmissions. Also, little is known about the population-level readmission rate as

ACO	Accountable care organization
CHC	Children's Hospitals and Clinics of Minnesota
DHS	Minnesota Department of Human Services
ED	Emergency department
FFS	Fee-for-service

From the Departments of ¹Research and Sponsored Programs and ²Quality and Safety, Children's Hospitals and Clinics of Minnesota, Minneapolis, MN

Supported by the Children's Hospitals and Clinics of Minnesota. The authors declare no conflicts of interest.

0022-3476/\$ - see front matter. Copyright © 2016 Elsevier Inc. All rights reserved.

<http://dx.doi.org/10.1016/j.jpeds.2015.11.022>

Download English Version:

<https://daneshyari.com/en/article/6219085>

Download Persian Version:

<https://daneshyari.com/article/6219085>

[Daneshyari.com](https://daneshyari.com)